

<u>Hotel Reservation Form – CEE CEE Summer</u> <u>June 08-09, 2017</u>

Kindly return this form to: begcp.reservations@ihg.com

Keyword: Q54	
Name:	First Name:
Company:	
Telephone number:	Fax number:
Email address:	
Check-In (Date):	Check-Out (Date):
Arrival Time:(Please note that check-in c	ean only be guaranteed after 03:00 pm)
Room Type and Room Ra	tes:
☐ Superior Room (single o	ccupancy): € 95,00 / Night incl. breakfast (incl. VAT)
☐ Superior Room (double o	ccupancy): €105,00 / Night incl. breakfast (incl. VAT)
	vn the following special requests in your reservation. However please note be done upon availability and that the following requests cannot be
□ King Bed	☐ Twin beds
	show) or cancellation thereafter (late cancellation), cancellation fees o ed room rate will be charged per night for the duration of stay scheduled litions of the hotel apply.
Reservation can be cancelle	ed or modified without penalty until 8 th May 2017.
	d details to confirm your booking (In case of no show or late cancellation ed with the respective cancellation fees):
Credit Card Type:	
Card Holder:	valid until:
Card Number:	
Signature:	